

## 2.2. LIFESTYLE SCORING SHEET

Complete the lifestyle scoring sheet by circling the appropriate score.

<p><b>1. Sleep</b> On the average, do you sleep</p> <p>7 - 8 hours per night      1 9 hours or more              1/2 6 hours or less                0</p>	<p><b>5. Physical activity</b> Do you engage in physical activity such as brisk walks, swimming, tennis, hiking, bicycling, or similar exercise:</p> <p>Regularly                      1 Once a while                  1/2 Never                              0</p>
<p><b>2. Regularity of Breakfast</b> Do you eat breakfast: :</p> <p>Regularly                      1 Sometimes                    1/2 Never                              0</p>	<p><b>6. Alcoholic beverage consumption</b> On the average, do you drink the equivalent of:</p> <p>No drinks per day            3/4 1 - 2 drinks per day or less   1 More than 2 drinks per day   0</p>
<p><b>3. Eating between meals</b> Do you eat between meals:</p> <p>Never                            1 Sometimes                    1/2 Regularly                        0</p>	<p><b>7. Smoking</b></p> <p>Never smoked                1 Non-smoker, but smoked before 3/4 Moderate smoker (cigar, pipe, or do not inhale cigarettes)   1/2 Moderate smoker (inhales cigarettes)   1/4 Chain smoker                   0</p>
<p><b>4. Weight in relationship to Height</b> Compared with your normal weight for your height, is your current weight within:</p> <p>10%                              1 20%                              1/2 More than 20%                0</p>	